

# TAKE CHARGE



**Supplement**

[WAC 388-532-700 through 790]

**July 2003**



## **About this publication**

This publication gives MAA-approved TAKE CHARGE family planning providers guidelines on TAKE CHARGE. **Use this document in conjunction with the Medical Assistance Administration's Family Planning Services Billing Instructions.** To view and/or download MAA's Billing Instruction's go to: <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules).

The TAKE CHARGE Family Planning Supplement includes:

- How to provide application assistance to clients requesting family planning services;
- Scope of Care for Family Planning Services;
- What materials to provide to client; and
- How to become an approved TAKE CHARGE provider.

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# Important Contacts

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A provider may use MAA's toll-free lines for questions regarding its programs; however, MAA's response is based solely on the information provided to the [MAA] representative at the time of the call or inquiry, and in no way exempts a provider from following the rules and regulations that govern MAA's programs.  
[WAC 388-502-0020(2)].

## **Where can I get the TAKE CHARGE Pre-Application Worksheet or the TAKE CHARGE Client Application form (DSHS 13-703x)?**

Visit the DSHS Forms Website at:  
<http://www.dshs.wa.gov/dshsforms/form/s/eforms.html>

## **Where do I obtain answers to my questions regarding...**

### **TAKE CHARGE Program?**

Check out TAKE CHARGE on the Family Planning web page on MAA's web site at: <http://maa.dshs.wa.gov> (click on the Family Planning link.)

Email the Provider Relations Unit:  
[providerinquiry@dshs.wa.gov](mailto:providerinquiry@dshs.wa.gov)

TAKE CHARGE Program Manager  
Family Services Section  
PO Box 45530  
Olympia, WA 98504-5530  
(360) 725-1652

### **TAKE CHARGE Client Eligibility?**

TAKE CHARGE Eligibility Unit  
PO Box 45531  
Olympia, WA 98504-5531  
(877) 787-2119 (phone)  
(866) 841-2267 (fax)

## **How do I submit TAKE CHARGE applications on-line?**

Go to the TAKE CHARGE Provider's Page on the Family Planning website: <http://maa.dshs.wa.gov> (click on the Family Planning link and then the TAKE CHARGE Provider's Page link).

Once on the TAKE CHARGE Provider's page, click on the TAKE CHARGE On-Line Application link.

# Definitions

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This section defines terms, abbreviations, and acronyms used in these billing instructions that relate to TAKE CHARGE. The definitions in the Medical Assistance Administration's (MAA) Family Planning Services and Family Planning Only Program Billing Instructions apply unless modified by these definitions for the purposes of TAKE CHARGE. Modified definitions are indicated with an asterisk.

**Ambulatory Surgery Center** - Any distinct entity certified by Medicare as an ASC that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization.

**Ancillary Services** – Those family planning services that are given to TAKE CHARGE clients that are performed by MAA's contracted providers who are not TAKE CHARGE providers. These services include, but are not limited to, family planning pharmacy services, family planning laboratory services, and sterilization surgical services. [WAC 388-532-710]

**Applicant** – A person applying for TAKE CHARGE family planning services.

**Application Assistance** – The process a TAKE CHARGE provider follows in helping a client be determined eligible for the TAKE CHARGE demonstration and research program. [WAC 388-532-710]

**Customer Support, Division of (DCS)\*** – The division within MAA that is responsible for:

- Eligibility policy and administration of focused services for clients;
- Determining eligibility for TAKE CHARGE clients; and

- Transportation and interpreter services.
- Education, Counseling, and Risk Reduction Services (ECRR)**– A set of MAA-designated services that strengthen a client's decision-making skills to make the best choice of contraceptive method and reduce the risk of unintended pregnancy. [WAC 388-532-710]

**Family Planning Services\***- For the purposes of TAKE CHARGE, family planning services are medical care and educational services that enable individuals to plan and space the number of children by using a contraceptive method(s) to reduce the risk of unintended pregnancy.

**Fee-for-Service** – The general payment method MAA uses to reimburse for covered family planning medical services provided to TAKE CHARGE clients.

**Good Cause** - Refers to cases in which MAA has determined that an applicant for TAKE CHARGE has a valid reason for not using comprehensive third-party family planning coverage that is available to the applicant for TAKE CHARGE. When good cause has been determined by MAA, the applicant is considered for TAKE CHARGE without regard to the available third-party family planning coverage. [Refer to WAC 388-532-710]

\* This is a modified definition.

**Intensive Follow-up Services (IFS)** - Those supplemental services specified in some TAKE CHARGE provider contracts that support clients in the successful use of contraceptive methods. DSHS-selected TAKE CHARGE providers perform IFS as part of the research component of the TAKE CHARGE demonstration and research program. [WAC 388-532-710]

**Medical Identification Card\*** - Medical Identification cards are the forms DSHS uses to identify clients of medical programs. These cards are good only for the dates printed on them. Clients eligible for TAKE CHARGE will receive one TAKE CHARGE Medical ID card good for a year from the date of eligibility. These cards are also known as DSHS Medical ID cards or medical coupons and were formerly called MAID cards.

**Principal purpose diagnosis** - The reason given by the licensed medical provider for the TAKE CHARGE service. The TAKE CHARGE program is limited to a principal purpose diagnosis of family planning. [WAC 388-532-710]

**Program Support, Division of (DPS)\*** – The division within MAA responsible for providing administrative services for TAKE CHARGE, enrolling TAKE CHARGE providers, and processing TAKE CHARGE claims.

**TAKE CHARGE** – MAA's five-year demonstration and research program approved by the federal government under a Medicaid program waiver to provide family planning services. [WAC 388-532-710]

**TAKE CHARGE Provider** – A provider who is approved by MAA to participate in TAKE CHARGE by:

- Having a core provider agreement with MAA;
- Being approved to participate in MAA's long-standing family planning programs; and
- Having a supplemental TAKE CHARGE agreement to provide TAKE CHARGE demonstration and research program family planning services to eligible clients under the terms of the federally-approved Medicaid waiver for the TAKE CHARGE demonstration and research program. [WAC 388-532-710]

**\* This is a modified definition.**

# About the Program

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## **What is the purpose of TAKE CHARGE?**

**[Refer to WAC 388-532-700]**

The goal of TAKE CHARGE is to reduce unintended pregnancies by offering family planning services to an expanded population of low-income women and men.

TAKE CHARGE will increase access to family planning (birth control) services for persons who do not have health insurance coverage for these services and for whom an unintended pregnancy might make it difficult to attain self-sufficiency and/or to remain self-sufficient.

The program objectives are to:

- Decrease the number of unintended pregnancies;
- Increase the use of contraception methods;
- Increase the number of low-income women and men receiving family planning services;
- Raise the awareness of providers regarding the importance of client-centered education, counseling, and risk reduction to increase successful use of contraception methods; and
- Demonstrate through research that clients receiving intensive follow-up services (IFS) are more likely to be successful users of their chosen birth control method.

Washington State received approval from the Federal Centers for Medicare and Medicaid Services (CMS) for a 5-year family planning demonstration program approved under a Medicaid waiver.

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# Client Eligibility

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## Who is eligible for TAKE CHARGE? [Refer to WAC 388-532-720]

To be eligible for the TAKE CHARGE program, an applicant must:

- Be a United States citizen, U.S. national, or qualified alien of the U.S.A. as described in WAC 388-424-0005(1);
- Be a resident of the state of Washington as described in WAC 388-468-0005;
- Have income at or below 200% of the federal poverty level (FPL) as described in WAC 388-478-0075;
- Apply voluntarily for family planning services with a TAKE CHARGE provider;
- Have a plan to use a birth control method through the TAKE CHARGE Family Planning Program [refer to WAC 388-532-710]; and
- Need family planning services but have:
  - ✓ No family planning coverage through health insurance or another MAA program;
  - ✓ Family planning coverage that does not cover all family planning methods or services; or
  - ✓ Good cause for not using family planning coverage through health insurance (see "Good cause..." on page B.5).

To be eligible for the TAKE CHARGE program, an applicant must not be pregnant or sterilized.

A client is authorized for TAKE CHARGE coverage for one year from the date MAA determines eligibility. When a client reapplies for TAKE CHARGE, MAA may renew the coverage for additional periods of up to one year each, for the duration of the program.

## How do I help the client apply for TAKE CHARGE?

Applicants apply for TAKE CHARGE at a clinic or agency of an approved TAKE CHARGE provider. Client eligibility is determined at the state level. **You, the provider,** have the responsibility to provide the applicant with:

- An application packet containing: a TAKE CHARGE Pre-Application Worksheet and a TAKE CHARGE Client Application form;
- Application assistance in completing the documents prior to submitting the TAKE CHARGE Client Application to MAA for eligibility determination; and
- The following publications:
  - ✓ Client's TAKE CHARGE Rights and Responsibilities Form;
  - ✓ Birth Control Methods Brochure;
  - ✓ TAKE CHARGE wallet card listing services available; and
  - ✓ Emergency Contraception information.

## What is application assistance?

Application assistance means:

- Helping the applicant complete the TAKE CHARGE Client Pre-Application Worksheet;
- Reviewing the TAKE CHARGE Client Pre-Application Worksheet for completeness and eligibility indicators;
- Helping the applicant complete the TAKE CHARGE Client Application;
- Reviewing the TAKE CHARGE Client Application for completeness and eligibility indicators;
- Submitting the completed TAKE CHARGE Client Application to the MAA TAKE CHARGE Eligibility Unit; and
- Retaining the TAKE CHARGE Client Pre-Application Worksheet and the TAKE CHARGE Client Application in the client's file.

## How do I review the TAKE CHARGE Client Pre-application Worksheet?

Check the worksheet for ineligibility, missing information, or errors.

### **Top box: Applicant's Name and Date**

The applicant fills in his/her full name and the current date.

### **Section I - Medical Need for Family Planning:**

The applicant states if he/she needs family planning. The applicant is **not** in need of family planning and **not** eligible for TAKE CHARGE if the applicant:

- Has been sterilized;
- Desires to be pregnant;
- Does not plan to use birth control; or
- Has a positive pregnancy test.

### **Section II - Residency and Citizenship Requirements:**

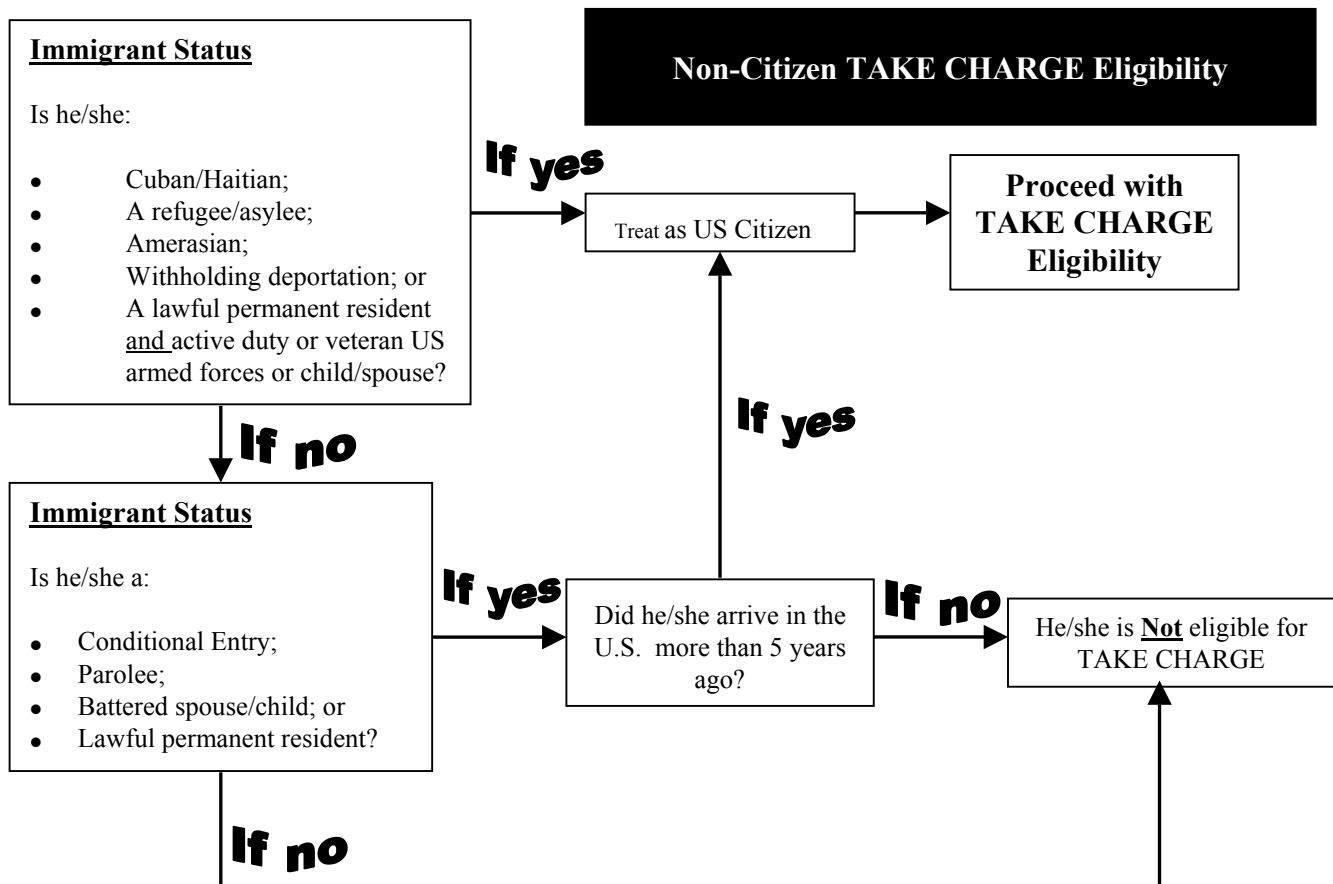
- The applicant for TAKE CHARGE services must reside in the State of Washington (e.g., not residing in Oregon or Idaho).
- Out-of-state students who do not plan to remain in Washington when school is complete are not considered permanent Washington residents.
- The Code of Federal Regulations (CFR) states that students meet residency requirements if they:
  - ✓ Are attending college out of state;
  - ✓ Primarily reside in Washington; and
  - ✓ Intend to return to Washington.
- Foreign students or visiting foreign nationals are not considered permanent legal residents; they are only temporarily in Washington State and are not eligible for TAKE CHARGE.
- Illegal or undocumented persons are not eligible for TAKE CHARGE.
- Legal, permanent residents who arrived in the country less than 5 years ago are not eligible for TAKE CHARGE.

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- If the Department of Social and Health Services (DSHS) previously considered the applicant to be an illegal alien, and the applicant is now claiming legal status, documentation of legal status must be submitted with the TAKE CHARGE Client Application to the TAKE CHARGE Eligibility Unit.



**Note:** If you have questions about determining the status of an applicant, telephone the TAKE CHARGE Eligibility Unit (see the *Important Contacts* section).



**Section III - Health Insurance:**

**Applicant is currently on a Medical Assistance program:**

If the applicant is a current client of a Medical Assistance program with Family Planning coverage (has a Medicaid Medical ID Card), he/she is **not** eligible for TAKE CHARGE.

**Exception: TAKE CHARGE Renewal**

If the applicant is a current TAKE CHARGE client, check the expiration date on his/her Medical ID card. If it has expired, or will expire within the month of application, proceed with the application assistance process.

**Applicant has Other Insurance Covering Family Planning:**

If the applicant has any health insurance that covers birth control, with or without a co-pay and/or deductible, the applicant is not eligible for TAKE CHARGE. TAKE CHARGE does not cover co-pays and/or deductibles.

**Exception: Good Cause [Refer to WAC 388-532-790]**

MAA requires applicants for TAKE CHARGE who have comprehensive, third-party family planning coverage, but who choose not to use that third-party coverage, to demonstrate to MAA good cause for MAA not to consider that third-party coverage in determining eligibility for TAKE CHARGE.

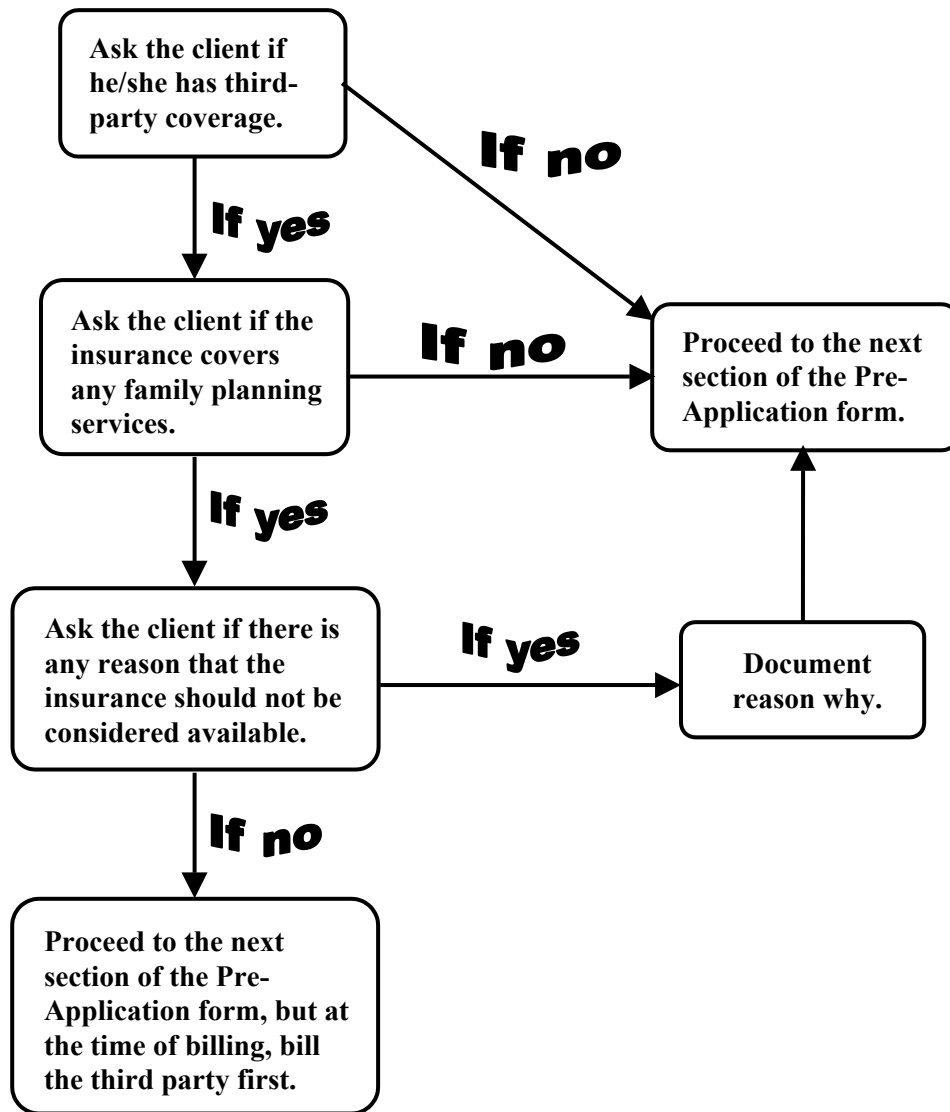
Applicants may apply for a good cause exclusion of available and comprehensive, third-party coverage by demonstrating and documenting that the use of the third-party coverage would violate the applicant's privacy. Privacy is violated if:

- The third-party routinely or randomly sends verification of services to the third-party subscriber and that subscriber is not the applicant; or
- The third-party requires the applicant to use a primary care provider who is likely to report the applicant's request for family planning services to another party.

**Teen Applicant:** If a teen has third-party or other insurance coverage from their parent/guardian but does not wish their parent/guardian to know they are seeking family planning services, they must check the *Exception* box “teen” and write why they cannot use their available health insurance.

**Domestic Violence Applicant:** If the applicant has health insurance coverage but requests special care due to confidentiality, consider that their health insurance is not available to them to prevent unintended pregnancy. Domestic violence victims must check the *Exception* box indicating “Domestic Violence” to avoid billing or other information being sent to their home address.

To determine if an applicant has coverage for family planning services, follow the flow chart below:



### **Section IV - Income Requirements for Family Size:**

Use the Federal Poverty Level (FPL) chart, revised annually each April, to determine whether the applicant meets the eligibility requirement of 200% of FPL or below.

If, after reviewing the TAKE CHARGE Client Pre-Application Worksheet, there are no ineligibility indicators, have the applicant complete the TAKE CHARGE Client Application.



**Note:** If the applicant does not meet the requirements as outlined in the worksheet, do not have the applicant complete a TAKE CHARGE Client Application. You may choose to provide services to the person, but TAKE CHARGE will not reimburse you.

## **How do I review the TAKE CHARGE Client Application?**

- Review the information entered in the following areas of the completed TAKE CHARGE Client Application for ineligibility, missing information, or errors:
  - ✓ Full name, last and first. This must match the entry on the TAKE CHARGE Client Pre-Application Worksheet;
  - ✓ Date of birth;
  - ✓ Gender;
  - ✓ Social Security Number;
  - ✓ Street address- physical location where applicant resides. All TAKE CHARGE clients must be Washington (WA) residents. To verify residency, the TAKE CHARGE eligibility staff need a residential address (i.e., the street or rural route location). A Post Office Box (PO Box) number **is not** considered a residential address;
  - ✓ Mailing Address if the DSHS Medical ID card will be mailed to a PO Box, other person's address, or a clinic location;
  - ✓ Confidential Address- mark this box if the person is a teen, domestic violence victim, or has other circumstances which cause them not want mail or phone calls at their home address;
  - ✓ Place where the applicant may be contacted if the clinic has questions about the TAKE CHARGE Client Application:
    - Place- the location where they wish to be contacted (e.g., home, work, or friend's house).
    - Telephone Number- the number at which they may be called for questions about the TAKE CHARGE Client Application;

- ✓ Language for written information (*complete if the language is not English*);
  - ✓ Income - must match the entry on the TAKE CHARGE Client Pre-Application Worksheet;
  - ✓ Family size - must match the entry on the TAKE CHARGE Client Pre-Application Worksheet;
  - ✓ Declaration and Signature - date when the applicant applied for TAKE CHARGE;
  - ✓ Clinic where applicant is applying; and
  - ✓ Name of staff person assisting applicant with application.
- Assure that the applicant has read, understood, and signed the TAKE CHARGE Client Application.
  - Send only the TAKE CHARGE Client Application to the TAKE CHARGE Eligibility Unit (see the *Important Contacts* section) by fax, mail, or online.
  - Keep the TAKE CHARGE Client Pre-Application Worksheet and the TAKE CHARGE Client Application in the client's file.

## What happens next?

The TAKE CHARGE Eligibility Unit in MAA will determine eligibility.

If the applicant is eligible, MAA will mail a TAKE CHARGE Medical ID card with an identifier showing TAKE CHARGE. Only one TAKE CHARGE Medical ID card is issued per client, and this card is good for a year from the beginning of the month of eligibility. At the end of the eligibility year, the client may reapply for TAKE CHARGE services. The client may reapply every year until the TAKE CHARGE program ends or the client is no longer eligible.

If the applicant is determined ineligible, the TAKE CHARGE Eligibility Unit will return the TAKE CHARGE Client Application to you with the reason noted.

# Provider Requirements

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## How do I qualify to be a TAKE CHARGE provider?

[Refer to WAC 388-532-730 (1)]

A TAKE CHARGE provider must:

- Have a current MAA core provider agreement to provide family planning services;
- Sign the supplemental TAKE CHARGE agreement to participate in the TAKE CHARGE demonstration and research program according to MAA's TAKE CHARGE program guidelines;
- Complete and submit a TAKE CHARGE application agreeing to the:
  - ✓ Administrative practices;
  - ✓ Evaluation and Research Responsibilities; and
  - ✓ Clinical Practice Standards; and
- Participate in MAA's specialized training for TAKE CHARGE prior to providing TAKE CHARGE services.

## What must I agree to before I am considered an approved TAKE CHARGE provider? [Refer to WAC 388-532-730 (1)(d)]

### Administrative Practices

You must agree to provide:

- Service to eligible clients in accordance with state and federal law;
- Service to eligible clients in accordance with the TAKE CHARGE Washington Administrative Code (WAC) [WAC 388-532-700 through 790];
- Annual client application assistance to screen for eligibility; and
- Administrative TAKE CHARGE client files, billing, and medical records when requested by DSHS staff.

### Evaluation and Research Responsibilities [Refer to WAC 388-532-730 (1)(f)]

If requested by MAA, you must agree to participate in the research and evaluation component of TAKE CHARGE. If selected by DSHS for the research and evaluation component, you must accept assignment to either:

- A randomly selected group of providers that give intensive follow-up service (IFS) to TAKE CHARGE clients under a TAKE CHARGE research component client services contract;\* or
- A randomly selected control group of providers subject to a TAKE CHARGE research component client services contract.



**Note:** Services offered at the IFS or control group sites will be contracted and billed separately.

## **What policies and procedures do I need for the confidentiality, consent, and release of information?**

You must have policies and procedures that:

- Safeguard the confidentiality of clients' records. These safeguards must:
  - ✓ Allow for timely sharing of information with appropriate professionals and agencies on the client's behalf; AND
  - ✓ Ensure that confidentiality of disseminated information is protected.
- Ensure you obtain properly completed, necessary:
  - ✓ Consent forms for all sterilization procedures;
  - ✓ Authorization from clients for release of information related to this program; and
  - ✓ Informed consent as defined in WAC 388-531-0050 and as required by WAC 388-531-1550, as necessary.
- Ensure the proper release of client information:
  - ✓ To transfer information to another approved TAKE CHARGE provider when a client changes providers;
  - ✓ When transferring information to another approved TAKE CHARGE provider when a client is referred to the other provider for services you are unable to provide on a timely basis; and
  - ✓ Which ensures that the release of information conforms to all applicable state and federal laws.

\* Most providers will fall into the "no research" group.

# TAKE CHARGE Services

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## Overview

Each service delivered must have a principle purpose diagnosis of family planning.

## What services are covered? [Refer to WAC 388-532-740]

Only family planning services and services delivered in conjunction with family planning are covered under TAKE CHARGE.

### Services for Women

- Gynecological exam (as medically necessary);
- One session of application assistance per client, per year;
- One initial education, counseling, and risk reduction (ECRR) service;
- One follow-up ECRR service ten months after the initial ECRR service and one every ten months thereafter;
- Food and Drug Administration (FDA) approved contraceptives as provided in Chapter 388-530 WAC, including, but not limited to, the following:
  - ✓ Birth control pills;
  - ✓ Cervical cap;
  - ✓ Injectable contraceptives (Depo-Provera and Lunelle);
  - ✓ Diaphragm;
  - ✓ Emergency Contraception;
  - ✓ Intrauterine Devices (IUDs);
  - ✓ Birth Control patch;
  - ✓ Birth Control Ring;
  - ✓ Birth Control implant;
  - ✓ Spermicides (foam, gel, suppositories, and cream); and
  - ✓ Male and female condoms;
- Natural family planning and abstinence;

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- Surgical sterilization service that meets the requirements found in MAA's Family Planning Services and Family Planning Only Program Billing Instructions, if the service is:
  - ✓ Requested by the TAKE CHARGE client; and
  - ✓ Performed in an ambulatory surgery center or hospital outpatient setting only;
- Testing for sexually transmitted diseases/infections (STD-I) when performed in conjunction with a principle purpose diagnosis of family planning;
- Treatment of STD-I when medically required as part of the client's selected contraceptive method(s);

### **Services for Men**

- One session of application assistance per client, per year;
- One initial education, counseling, and risk reduction (ECRR) service;
- One follow-up ECRR service per calendar year after the initial ECRR service;
- FDA-approved contraceptives as provided in Chapter 388-530 WAC;
- Natural family planning and abstinence;
- Surgical sterilization service that meets the requirements found in MAA's Family Planning Services Billing Instructions, if the service is:
  - ✓ Requested by the TAKE CHARGE client; and
  - ✓ Performed in an appropriate setting for the procedure;
- Testing for sexually transmitted diseases/infections (STD-I) when performed in conjunction with a principal purpose diagnosis of family planning;
- Treatment of STD-I when medically required as part of the client's selected contraceptive method(s).

**Family Planning Education, Counseling, and Risk Reduction (ECRR) Services**

- Description

Client-centered education and counseling services designed to strengthen decision-making skills and support clients' successful use of their chosen contraception method.

- Service Delivery Parameters

Must be provided by professional staff using client-centered practices/techniques and be available only to TAKE CHARGE clients.

- Required components for the basic Education, Counseling, and Risk Reduction (ECRR) Services

These client-centered interactive processes are founded on research-based best practices for increasing clients' contraception efficacy. Through a series of focused questions, the provider's role is to:

- ✓ Help the client (female and male) evaluate which contraception method(s) are most acceptable to him/her and can be used most effectively by him/her. This discussion should focus on each client's choice of method(s) and clarify knowledge, assumptions, misinformation, and myths about the chosen method(s).
- ✓ Facilitate contingency planning regarding the client's use of contraception, including emergency contraception.
- ✓ Evaluate and address the client's other personal considerations, risk factors and behaviors that impact successful use of contraception (e.g., history of abuse, current substance use and abuse, current exploitation or abuse, living situation, need for confidentiality, etc.).
- ✓ Schedule a follow-up appointment for supporting the client's successful use of the chosen contraception.
- ✓ When the client is male, facilitate a discussion of his role in supporting the successful use of contraception method(s).

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- ECRR documentation is necessary to receive payment. You must keep the following documentation in the client's chart (see Appendix):

a) Did you help the client (female or male) evaluate which contraception method was most acceptable and could be used most effectively by her/him?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Did you discuss backup methods with the client and provide ECP access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Did you evaluate and address the client's personal considerations that could impact the use of contraception method(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Did you make a follow-up appointment, as appropriate to the method?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) For a male client, (in addition to above), did you discuss his role in supporting the successful use of contraception and prevention of unintended pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **Ancillary Services for TAKE CHARGE [Refer to WAC 388-532-730 (2)]**

MAA providers (e.g., pharmacies, independent labs, radiologists, anesthesiologists, ambulatory surgery centers, and outpatient hospitals) may furnish family planning ancillary services to TAKE CHARGE clients without enrolling as TAKE CHARGE providers.

Approved TAKE CHARGE providers should develop a team relationship with the providers of the ancillary services to assure that the clients get necessary services. The partnership with pharmacists is especially critical since they provide immediate access to methods not in stock at the TAKE CHARGE agency/clinic.

### **What services are not covered? [WAC 388-532-750]**

MAA does not cover certain services under TAKE CHARGE. These services include, but are not limited to, the following:

- Pregnancy services, with the exception of an initial pregnancy test performed by a TAKE CHARGE provider to rule out an existing pregnancy. Excluded pregnancy services include:
  - ✓ Services that are ancillary to an existing pregnancy; or
  - ✓ Abortions, services related to pregnancy termination, or services required due to complications from pregnancy termination;

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- Reproductive health services not performed in relation to a principal purpose diagnosis of family planning, such as:
  - ✓ Fertility assessments, treatments, or drugs;
  - ✓ Hysterectomies;
  - ✓ Colposcopies;
  - ✓ Loop Electrosurgical Excision Procedures (LEEP's);
  - ✓ Mammograms;
  - ✓ Treatments for menopause; or
  - ✓ Cancer screenings (other than pap smears) or cancer treatments;
- Testing or treatment for sexually transmitted diseases/infections (STD-I), AIDS, or HIV unless the testing and/or treatment is:
  - ✓ Done in conjunction with a principal purpose diagnosis of family planning; and
  - ✓ Required as an essential component of the family planning services being delivered to the client;
- Genetic counseling; and
- Hospital inpatient services.

**Exception:** Inpatient charges may be incurred as a result of complications arising directly from a covered TAKE CHARGE service. To bill MAA for these services, providers must submit to MAA a complete report of the circumstances and conditions that caused the need for inpatient services. After reviewing the report, MAA will consider reimbursement based on an evaluation of the extenuating circumstances and other potential payment sources.  
**[Refer to WAC 388-532-780 (8)]**

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# Fee Schedule and Reimbursement Information

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## Fee Schedule

In addition to the procedure codes listed in the *Fee Schedule* section of MAA's Family Planning Services and Family Planning Only Billing Instructions, MAA reimburses for the following TAKE CHARGE codes:

HCPCS Code/Modifier	Brief Description	Time Limits	10/1/03 Maximum Allowable Fee
T1023-FP	Intake Assessment (Use for application assistance)	Once per year of eligibility	\$5.08
S9445-FP	PT education noc individ (Use for Women – ECRR)	Once every 10 months	\$56.84
S9445-FP	PT education noc individ (Use for Men – ECRR)	Once per calendar year	\$56.84

## Reimbursement [Refer to WAC 388-532-780]

- MAA limits reimbursement under the TAKE CHARGE program to those services that are a result of client visits having a principal purpose diagnosis of family planning. The diagnosis must be made by a qualified, licensed, medical practitioner.
- Bill MAA your *usual and customary fee* (the fee you bill the general public). MAA's payment will be either your usual and customary fee or MAA's maximum allowable rate, whichever is less.
- Federally qualified health centers (FQHCs), rural health centers (RHC's), and Indian health providers who choose to become TAKE CHARGE providers must bill MAA for TAKE CHARGE services without regard to their special rates and fee schedules.
- MAA does ***NOT*** use the encounter rate structure to reimburse FQHCs, RHC's, or Indian health providers for TAKE CHARGE services.

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# Billing

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## How do I bill?

- Use the HCFA-1500 claim form (see MAA's current Family Planning Program Billing Instructions for claim form instructions). Send claims to the Division of Program Support (see *Important Contacts*).
- Bill MAA for covered services using one of the following family planning diagnosis codes as a primary diagnosis:

V25.01	V25.42
V25.02	V25.43
V25.09	V25.49
V25.1	V25.5
V25.2	V25.8
V25.40	V25.9
V25.41	



**Note:** To be covered under TAKE CHARGE, all services must be provided in conjunction with a primary family planning diagnosis.

- Follow the instructions in the *Billing* section of MAA's current Family Planning Services and Family Only Program Billing Instructions.



**Note:** MAA requires TAKE CHARGE providers to meet the billing requirements of WAC 388-502-0150 (billing time limits). In addition, all final billings and billing adjustments related to TAKE CHARGE must be completed no later than June 30, 2008, or no later than two years after the program terminates, whichever occurs first. MAA will not accept any new billings or any billing adjustments for TAKE CHARGE after this cut-off date. **[Refer to WAC 388-532-780 (6)]**

Providers are responsible to identify and refund to MAA any erroneous, excessive, or inappropriate payments. The time limits described above do not apply to overpayments owed to MAA. **[Refer to WAC 388-532-780 (7)]**

## **What records must be kept? [Refer to WAC 388-532-760]**

In addition to the documentation requirements in WAC 388-502-0020, MAA requires a TAKE CHARGE provider to keep the following records:

- TAKE CHARGE pre-application worksheet form(s) and application(s);
- The reason for the visit (the principal reason for the visit must be for family planning to be covered under TAKE CHARGE);
- Contraceptive methods discussed with the client;
- Notes on any discussions of emergency contraception and needed prescription(s);
- The client's plan for the contraceptive method to be used, or the reason for no client plan;
- Documentation of the education, counseling and risk reduction (ECRR) service, including all elements found in "Family Planning Education, Counseling, and Risk Reduction (ECRR) Services" on page D.3;
- Copies of referrals to or from other providers as necessary;
- An MAA-approved form signed by the client authorizing release of information for referral purposes, as necessary; and
- Copies of the informed consent for sterilization form (see MAA's current Family Planning Services and Family Planning Only Program Billing Instructions) signed by the client, as necessary.

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

PICA

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE <input type="checkbox"/> (Medicare #)			MEDICAID <input type="checkbox"/> (Medicaid #)			CHAMPUS <input type="checkbox"/> (Sponsor's SSN)			CHAMPVA <input type="checkbox"/> (VA File #)			GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/>			FECA BLK LUNG (SSN) <input type="checkbox"/>			OTHER (ID) <input type="checkbox"/>			1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)														
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)												3. PATIENT'S BIRTH DATE MM DD YY M F						4. INSURED'S NAME (Last Name, First Name, Middle Initial)																	
5. PATIENT'S ADDRESS (No., Street)												6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>						7. INSURED'S ADDRESS (No., Street)																	
CITY						STATE						8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>						CITY						STATE											
ZIP CODE						TELEPHONE (Include Area Code) ( )						Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>						ZIP CODE						TELEPHONE (INCLUDE AREA CODE) ( )											
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)												10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE						11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY M F b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.																	
a. OTHER INSURED'S POLICY OR GROUP NUMBER												b. OTHER INSURED'S DATE OF BIRTH MM DD YY M F						c. EMPLOYER'S NAME OR SCHOOL NAME						d. INSURANCE PLAN NAME OR PROGRAM NAME											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____																							
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)												15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY						16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE												17a. I.D. NUMBER OF REFERRING PHYSICIAN						18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																	
19. RESERVED FOR LOCAL USE												20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO						22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. _____ 3. _____ 2. _____ 4. _____												23. PRIOR AUTHORIZATION NUMBER																							
24. A DATE(S) OF SERVICE. From MM DD YY To MM DD YY B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EPSDT Family Plan I EMG J COB K RESERVED FOR LOCAL USE																																			
1																																			
2																																			
3																																			
4																																			
5																																			
6																																			
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>						26. PATIENT'S ACCOUNT NO.						27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO						28. \$ TOTAL CHARGE						29. \$ AMOUNT PAID						30. \$ BALANCE DUE					
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____												32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)						33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # PIN# _____ GRP# _____																	

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## Appendix

### Education Counseling Risk Reduction (ECRR) Form

This is an example of the information required in a client's chart:

## **ECRR Document Checklist**

Client's Name: \_\_\_\_\_ Chart Number: \_\_\_\_\_

### **ECRR Documentation Checklist**

a) Did you help the client (female or male) critically evaluate which contraception method was most acceptable and could be used most effectively by her/him?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
b) Did you discuss backup methods with the client and provide ECP access?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
c) Did you evaluate and address the client's personal considerations that could impact the use of contraception method(s)?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
d) Did you make a follow-up appointment, as appropriate to the method?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
e) For a male client, (in addition to above), did you discuss his role in supporting the successful use of contraception and prevention of unintended pregnancy?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

Professional Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

## Your TAKE CHARGE Rights and Responsibilities

### You have a right to --

- **Correct and complete information** for decision making
- **Be treated with dignity** and respect
- **Privacy** during your clinic visits
- **Complete confidentiality**
- **Get information** that you understand
- **Refuse services**
- **Know what you are signing**
- **See your family planning records** and have them explained
- **Prompt, courteous responses** to your complaints and concerns
- **Know** the results of any tests or exams you get

**Any information you get from Take Charge** about family planning and birth control methods must tell you how methods work, any side effects, health benefits, and any problems there might be.

### You need to --

- **Help your provider** get your past family planning medical records, if needed.
- **Ask questions** if you do not understand information provided.
- **Notify your provider** if you have any problems with your birth control method
- **Call your provider's office** if you will miss or be late for an appointment. (*Your appointment time can be given to someone else.*)
- **Offer your suggestions**, opinions or complaints so the provider may improve services.

**The Take Charge Family Planning Program is totally voluntary.** You can expect respectful treatment and equal access to care without regard to race, ethnicity, mental or physical disability, political belief, sexual preference, race, life style, gender, age, or religion.